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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/031160	FILING DATE
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/					
2	/	/					
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TOTAL IND.	/	↓	/	↓			
TOTAL DEP.	15	↔	20	↔			
TOTAL CLAIMS	16	21					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS